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CONFIRMATION NO. 9945

|  |   |                                       |  |  |                                    |
|--|---|---------------------------------------|--|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>09/581,352   | <b>FILING OR 371(c)<br/>DATE</b><br>06/09/2000<br><b>RULE</b>   | <b>CLASS</b><br>436                   | <b>GROUP ART UNIT</b><br>1743  | <b>ATTORNEY<br/>DOCKET NO.</b><br>GAMBRO-3.3-246 |                                    |
| <b>APPLICANTS</b><br>JAN STERNBY, LUND, SWEDEN;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/SE98/02212 12/02/1998<br><b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 9715818 12/09/1997<br>SWEDEN 9801963-1 06/02/1998<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 07/14/2000</b> |   |                                       |  |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>                         |   | <b>STATE OR<br/>COUNTRY</b><br>SWEDEN | <b>SHEETS<br/>DRAWING</b><br>3   | <b>TOTAL<br/>CLAIMS</b><br>1                     | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>000530   |   |                                       |  |  |                                    |
| <b>TITLE</b><br>METHOD AND DEVICE FOR CALCULATING DIALYSIS EFFICIENCY  |   |                                       |  |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>2026   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |